



Parent Questionnaire

_____ (Program Name) wants to know how you feel about the early education and care services that your child receives from our program. Your responses to the questions below are very important to us! Please complete and return this form.

How long has your child(ren) been enrolled in this program? _____

What is the age of your child(ren)? _____ Ethnicity (optional) _____

Directions: For each statement below, please circle "Yes" or "No" or "DK" (Don't Know) or "NA" (Not applicable).

- | | | | | |
|-----|----|----|----|---|
| Yes | No | DK | NA | 1. During enrollment, the agency informed me about its' philosophy, policies and goals for children that all teachers and/or child care providers are expected to follow. |
| Yes | No | DK | NA | 2. My child(ren)'s teacher or family child care provider has a plan for helping new children to feel comfortable. |
| Yes | No | DK | NA | 3. I feel welcome at the center/classroom or family child care home at all times. |
| Yes | No | DK | NA | 4. I am told about day-to-day happenings and special events. |
| Yes | No | DK | NA | 5. I am told promptly about injuries and any health concerns. |
| Yes | No | DK | NA | 6. My child(ren)'s growth and development is discussed with me. |
| Yes | No | DK | NA | 7. As needed, my child(ren)'s teacher or family child care provider makes suggestions about books my child might enjoy, activities I might do and/or ways to encourage homework completion. |
| Yes | No | DK | NA | 8. My child(ren)'s teacher or family child care provider discusses my child(ren)'s behavior problems with me in a constructive and supportive manner. |
| Yes | No | DK | NA | 9. When we need help, my child(ren)'s teacher or family child care provider (or another member of the child care agency) identifies appropriate resources for my child(ren) and /or family. |
| Yes | No | DK | NA | 10. All members of the agency that my child(ren) and I have contact with show respect and sensitivity towards my family. |
| Yes | No | DK | NA | 11. My child(ren)'s teacher or family child care provider and the agency they work for keep private information about my family private. |
| Yes | No | DK | NA | 12. My child(ren) seems to be happy and well cared for at the program. |
| Yes | No | DK | NA | 13. Overall, I am satisfied with my child(ren)'s program. |

Please use the back of this form to tell us what you like about the program or what you would like to see changed about the program. Thank you!

Parent/Guardian Comments

Providers should complete the following information before giving this survey to parents receiving EEC financial assistance.

Date of Survey	_____
Name of Agency	_____
Street Address	_____
City and Zip	_____
Phone Number	_____
Name of Program or Family Child Care Provider	_____
Street Address	_____
City and Zip	_____
Phone Number	_____

Providers must document and keep on file the parent survey and maintain documentation indicating the date the survey was distributed.

Please note: Providers may use an alternate survey if it meets the requirements of the EEC contract performance measure and its goals.

